



Narmada Gelatines Limited

FORM-X

REGISTER OF DISCLOSURE OF SHAREHOLDING BY ALL THE DESIGNATED EMPLOYEES

Name, Designation & Employee No.:

Department: _____

Date of Joining/ becoming the Designated Employee: _____

INITIAL DISCLOSURE				
Date of receipt of information	Number of securities	Date of acquisition	Consideration value	Name of the dependent if securities held in the name of dependent

CHANGE IN HOLDING					
Date of receipt of information	Number of securities	Date of transaction	Nature of transaction (purchase or sale)	Consideration value	Name of the dependent if securities held in the name of dependent

YEAR END DISCLOSURE				
Date of receipt of information	Number of securities	Aggregate value	Name of the dependent if securities held in the name of dependent	Remarks